



10-24-05

\$72.00

AMENDMENT TRANSMITTAL LETTERDocket No.
19240.447 US2

Application No. 10/764075	Filing Date January 23, 2004	Examiner M. Mosher	Art Unit 1648
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Applicant(s): Thomas Briese et al.

Invention: METHODS AND KITS FOR DETECTING SARS-ASSOCIATED CORONA VIRUS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	47	- 34 =	13	x 25.00	325.00
Independent Claims	5	- 7 =		x	
Multiple Dependent Claims (check if applicable)			x		180.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					505.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 08-0219 in the amount of \$ 505.00
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 08-0219
as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Jane M. Love, Ph.D.

Dated: October 21, 2005

Attorney Reg. No.: 42,812

WILMER CUTLER PICKERING HALE AND DORR LLP
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New York, New York 10022
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 565.00)

Complete if Known	
Application Number	10/764075
Filing Date	January 23, 2004
First Named Inventor	Thomas Briese
Examiner Name	M. Mosher
Art Unit	1648
Attorney Docket No.	19240.447 US2

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
47	34 = 13	x 25.00	= 325.00	
				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
				180.00 180.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	7 =		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month

60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,812	Telephone	(212) 937-7233
Name (Print/Type)	Jane M. Love, Ph.D.			Date	October 21, 2005



OCT 21 2005

Application No. (if known): 10/764075

Attorney Docket No.: 19240.447 US2

Certificate of Express Mailing Under 37 CFR 1.10

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Alexandria, VA 22313-1450

on October 21, 2005
Date

Jane M. Love

Signature

Jane M. Love, Ph.D.

Typed or printed name of person signing Certificate

42,812

Registration Number, if applicable

(212) 937-7233

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment and Reply to July 15, 2005 Office Action (19 pages)
Replacement Sheet of Figure 4 (1 page)
Petition for Extension of Time (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Statement to Support Filing and Submission in Accordance with 37 CFR 1.821-1.825 (1 page)
Paper copy of Sequence Listing (11 pages)
Computer readable diskette containing Sequence Listing
Charge \$565.00 to deposit account 08-0219
Return Receipt Postcard